

James B. Adams Death Certificate

1 PLACE OF DEATH		STATE OF MICHIGAN	
County <u>Ingham</u>		Department of State—Division of Vital Statistics	
Township _____		CERTIFICATE OF DEATH	
Village _____		Registered No. <u>390</u>	
CITY <u>Lansing</u> (No. _____) (If death occurred in a hospital or institution, give its NAME; instead of street and number.)		MAY 6 1920	
2 FULL NAME <u>James B. Adams</u>		St. _____ Ward _____	
(a) Residence, No. <u>309 N Willow</u>		St., Ward _____	
Length of residence in city or town where death occurred		How long in U. S. if of foreign birth?	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced <u>Married</u>	16 DATE OF DEATH <u>April 28 1920</u>
5a If married, widowed or divorced HUSBAND or (or) WIFE of <u>Virginia Adams</u>			17 I HEREBY CERTIFY, That I attended deceased from <u>April 21, 1920, to April 28, 1920</u>
6 DATE OF BIRTH <u>April 26, 1856</u>			that I last saw him alive on <u>April 28, 1920</u>
7 AGE Years <u>64</u> Months <u>0</u> Days <u>2</u>			that death occurred on the date stated above at <u>7:30 P.M.</u>
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Machinist</u>			The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Progressive</u>			<u>Cancer bowels</u>
(c) Name of employer <u>James B. Adams</u>			(duration) yrs. mos. ds.
9 BIRTHPLACE (city or town) (State or country) <u>Plymouth Mich</u>			CONTRIBUTORY <u>Cancer bowels</u>
10 NAME OF FATHER <u>James B. Adams</u>			(duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>New York</u>			18 Where was disease contracted (if not at place of death)?
12 MAIDEN NAME OF MOTHER <u>Unknown</u>			Did an operation precede death? <u>No</u> Date of _____
13 BIRTHPLACE OF MOTHER (city or town) (State or country) _____			Was there an autopsy? <u>No</u>
14 Informant <u>J. B. Adams</u>			What test confirmed diagnosis? <u>Microscopic</u>
(Address) <u>309 N Willow</u>			(Signed) <u>V. J. Miller</u> M. D.
15 Filed <u>1129</u> 19 <u>1920</u>			*State the Roman Catholic Date, or is death from Venereal Causes state (1) Miasmatic Nature of Poison and (2) whether Acute, Chronic, or Recurrent. (See reverse side for further instructions.)
19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Williamston Mich</u>		Date of Burial <u>May 1 1920</u>	
20 UNDERTAKER <u>Jarris-Estes Co</u>		Address <u>Lansing</u>	